

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee Mississippi Horizon
Address 200 N Congress St., Ste 500 City/State/Zip Jackson, MS 39201
Telephone (601) 948-(0070) Fax _____ Email Address mshorizon@ms.gov
Director Nathan McMullen Treasurer Mary H. Nicholas

☐ Check here if above is different from previous report

TYPE OF REPORT

_____20____ Monthly Report (due on or before the 10th day of following month) Mandatory
(Month)

____ Termination Report (Committee will no longer accept contributions or make campaign expenditures,
has no outstanding debt obligation and zero cash on hand balance.)

**Required to
terminate reporting
obligations**

IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ <u>2250.00</u>	\$ _____	\$ <u>2250.00</u>	\$ <u>5750.00</u>
TOTAL AMT OF DISBURSEMENTS	\$ <u>10.30</u>	\$ _____	\$ <u>10.30</u>	\$ <u>209.67</u>
CASH ON HAND BALANCE				\$ <u>5,540.33</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary H. Nicholas
Signature of Director or Treasurer

10/8/2020
Date

Authority: Miss. Code Ann. §23-15-801, et seq.

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Mississippi Horizon Inc.Reporting period September 1, 2020 through September 30, 2020

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Wagoner Engineering</u>		<u>9/18/20</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1227</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Diagnostic Radiology Assoc. PA</u>		<u>9/21/20</u>	\$ <u>1000.00</u>
Mailing Address <u>1050 N. Pinewood Dr. STE A-4</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Lucien Smith</u>		<u>9/16/20</u>	\$ <u>250.00</u>
Mailing Address <u>134 Olympic Fields</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Balch and Bingham, LLP</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Mississippi Horizon, IncReporting period September 1, 2020 through September 30, 2020**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name <u>Anedot</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1340 Poydras Street, Suite 1700</u>		<u>9/16/20</u>	\$ <u>10.30</u>
City, State, Zip Code <u>New Orleans, LA 70112</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$